

**H-1100 QUALIFIED MEDICARE BENEFICIARY (QMB)****H-1110 GENERAL INFORMATION**

Effective January 1, 1988, the Medicare Catastrophic Coverage Act of 1988 required expansion of Medicaid coverage for a mandatory eligibility group of low-income Medicare beneficiaries called Qualified Medicare Beneficiaries \*\* (QMB).

The applicant/enrollee must meet all of the following QMB requirements. A QMB must:

- Be entitled to or enrolled in hospital insurance benefits under Medicare Part A, but is not required to be enrolled in Medicare Part B;

**Note:**

Supplemental Security Income (SSI) recipients who reach age 65 are automatically entitled to Medicare. Enrollment will be effective at the time the State begins to pay the premium through Buy-In.

- Have income that is less than or equal to 100 percent of the Federal Poverty Income Guidelines (FPIG). Refer to [Z-200 Federal Poverty Income Guidelines](#).

**Note:**

In January of each year, disregard the Social Security Administration (SSA) cost of living adjustment (COLA) through the month following the release of the annual FPIG update. For example, the annual FPIG is released in January, disregard COLA through February. Thereafter, determine eligibility using all income including the COLA for that year.

- Have resources that do not exceed program limits. Refer to [Z-900 Resource Limits by Program](#); and
- Meet all non-financial eligibility requirements for Medicaid.

**QMB eligibles are divided into two categories:****QMB Only:**Individuals who:

- Are entitled to Medicare Part A,
- Have income of 100 percent FPIG or less,
- Have resources that do not exceed the limit, and
- Are not otherwise eligible for full Medicaid.

**QMB Plus:**Individuals who:

- Are entitled to Medicare Part A,
- Have income of 100 percent FPIG or less,
- Have resources that do not exceed the limit, and
- Are eligible for full Medicaid.

\*\*

**H-1110.1 Coverage****QMB Only**Eligible for Medicaid payments for:

- Medicare Part A (when applicable) and B premiums;
- Medicare deductibles for Medicare covered services; and
- Medicare coinsurance for Medicare covered services.

**QMB Plus**Eligible for Medicaid payments for:

- The same benefits listed for QMB Only; plus
- The full range of Medicaid services \*\*.

Individuals who qualify for one of the Medicare Saving Programs (QMB, Specified Low-Income Medicare Beneficiary (SLMB), or Qualified Individuals Program (QI)) are automatically enrolled in the

SSA low-income subsidy (LIS) program (also called Extra Help). This subsidy helps pay for the Medicare Part D prescription drug plan premiums, co-payments, and the annual deductible. For more information on LIS/Extra Help, please visit the [Social Security Administration Extra Help website](#).

**Note:**

Although the BHSF Form 1-MB, Application for Medicare Savings Program, is commonly used to apply for QMB, it is acceptable to use BHSF Form 1-A, Application for Health Coverage.

SSI recipients do not have to apply for QMB. When Part A eligibility is received through the Benefit Data Exchange (BENDEX) or the Medicare Enrollment Database (EDB) interface, the individual is automatically certified for QMB. If the SSI recipient who is entitled to enroll in Part A is not automatically certified, enter the QMB certification.

An enrollee who is no longer eligible for full Medicaid may continue to be eligible as a QMB Only.

SSI/QMB Plus enrollees remain eligible for QMB after entering a long-term care (LTC) facility.

## **H-1121 ELIGIBILITY DETERMINATION PROCESS**

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

### **H-1121.1 DETERMINE ASSISTANCE UNIT**

The assistance unit includes the applicant/enrollee.

**Note:**

Both members of a couple may be applying, but each is certified separately.

### **H-1121.2 ESTABLISH CATEGORICAL REQUIREMENT**

Verify entitlement/enrollment in Medicare Part A for the

applicant/enrollee. Medicare Part A eligibility, the start date for Medicare Part A, and the Medicare claim number may be verified on State Online Query (SOLQ), Wire Third Party Query System (WTPY), EDB, or BENDEX systems.

### H-1121.3 ESTABLISH NON-FINANCIAL ELIGIBILITY

Verify eligibility for each member of the assistance unit with regard to the following factors:

- [Assignment of Third Party Rights](#) [I-200](#)
- [Citizenship/Alien Status](#) [I-300](#)
- [Enumeration](#) [I-600](#)
- [Residence](#) [I-1900](#)

### H-1121.4 ESTABLISH NEED

#### A. Determine Composition of the Income/Resource Unit

The income/resource unit includes the:

- Applicant/enrollee;
- Applicant/enrollee and ineligible spouse living in the home; or
- Applicants/enrollees who are a couple.

**Note:**

If the SSA considers the applicants/enrollees as a couple for SSI, they are considered as an eligible couple for the purposes of budgeting in the Medicare Savings Programs (QI, QMB, SLMB). A categorically eligible spouse is one who is aged, blind, or disabled and does not have to be entitled to Medicare for the couple to be considered an eligible couple.

#### B. Determine Need/Countable Resources

Determine the total countable resources of the members of the income/resource unit. Refer to [I-1680, Need-Resources, Programs Not Related to \\*\\*PCR or SSI](#).

Accept the household's statement of resources unless other objective evidence establishes that the situation is questionable. Verification of countable resources is not required and should not be routinely requested.

Compare the countable resources to QMB resource limits:

- For an individual, if there is no spouse; or
- For a couple, if there is a spouse (eligible or ineligible).

Refer to [Z-900 Resource Limits by Program](#).

If the countable resources are greater than the limit, the applicant/enrollee is resource ineligible.

If the countable resources are equal to or less than the limit, the applicant/enrollee is resource eligible. Continue with determination of need/countable income.

### **C. Determine Need/Countable Income**

#### **Individual**

If the applicant/enrollee is an individual with no spouse or with an ineligible spouse with no income, compare to the QMB income limit for one person.

Complete the following budget steps:

Step 1. Determine the total gross unearned income.

Step 2. Subtract the \$20 SSI general income disregard from unearned income.

Step 3. The remainder is the countable unearned income.

Step 4. Determine the total gross earned income.

Step 5. Subtract any remainder of \$20 SSI disregard from gross earnings.

Step 6. Subtract earned income deduction from remaining gross earnings. Earned income deduction is \$65 and one-half

of remainder of earnings.

Step 7. The remainder is the countable earned income.

Step 8. Combine remainders from Step 3 and Step 7.

Step 9. Compare the total to 100 percent FPL for one person.  
Refer to [Z-200 Federal Poverty Income Guidelines](#).

If the remaining income is equal to or greater than the QMB income limit for one person, the applicant/enrollee is ineligible.

If the remainder is equal to or less than the QMB income limit for one person, the applicant/enrollee is income eligible for QMB. Continue with the eligibility determination process.

### **Ineligible Spouse Deeming**

If there is an ineligible spouse with income, complete budget Steps 1 through 9 above using only the applicant/enrollee income. If the income is equal to or greater than the QMB limit for one person, the applicant/enrollee is ineligible and there is no deeming. Consider for the Medically Needy Program (MNP).

If the applicant's/enrollee's income is less than the QMB limit for one person, apply deeming policy. Refer to [I-1420 Need - Deeming](#). Go to Step 1 of the couple budget.

### **Couple**

If both members of a couple are potentially eligible, or if there is income remaining in the deeming process, complete the following steps:

Step 1. Determine the total gross unearned income by combining the couple's unearned income.

#### **Note:**

When deeming income from an ineligible spouse, the income of the ineligible spouse remaining after allocation for ineligible children is combined with the income of the eligible spouse. The couple is then treated the same as an eligible couple for budgeting

purposes.

- Step 2. Subtract the \$20 SSI general income disregard.
- Step 3. The remainder is the couple's countable unearned income.
- Step 4. Determine the total gross earned income by combining the couple's gross earned income.
- Step 5. Subtract any remainder of the \$20 SSI disregard from gross earnings.
- Step 6. Subtract one earned income deduction from the remaining gross earnings of the income unit. The earned income deduction is \$65 and one half of the remainder of the earnings.
- Step 7. The remainder is the couple's countable earned income.
- Step 8. Combine the remainders in Step 3 and Step 7.
- Step 9. Compare the total countable income to 100 percent FPL for two persons. Refer to [Z-200 Federal Poverty Income Guidelines](#).

If the income is equal to or greater than the QMB income limit for two persons, the applicant/enrollee is not eligible.

If the income is less than the QMB income limit for two persons, the applicant/enrollee is income eligible.

**Exception:**

If a couple, both QMB applicants/enrollees are in a nursing facility or receiving waiver services, consider income using the method that is most advantageous.

If one spouse is in a nursing facility or receiving waiver services and his spouse is at home and not receiving waiver services, consider income of each individual for separate QMB decisions.

## H-1121.5 ELIGIBILITY DECISION

Evaluate all eligibility requirements and verifications received to make

the eligibility decision.

#### **H-1121.6 CERTIFICATION PERIOD**

The certification period shall not exceed \*\*12 months. Certify effective the month after the month eligibility is established. Refer to the [Buy-In for Medicare Savings Program \(MSP\) chapter](#) of the *BHSF Eligibility Administrative Procedures Manual* for an example.

Eligibility for QMB shall not be retroactive.

#### **H-1121.7 NOTICE OF DECISION**

Send the appropriate notice of decision to the applicant/ enrollee.

**Note:**

Applicants enrolled in Medicare Part A but are not eligible for Medicaid are not referred to the Federally Facilitated Marketplace. (FFM).